

SRI LANKA MEDICAL ASSOCIATION
APPLICATION FOR SLMA RESEARCH GRANTS – 2019

Please select one:

- | | |
|--|--------------------------|
| 1. SLMA Research Grant | <input type="checkbox"/> |
| 2. SLMA/ Glaxo Wellcome Research Grant | <input type="checkbox"/> |
| 3. FAIRMED Foundation – SLMA Research Grant | <input type="checkbox"/> |
| 4. Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care | <input type="checkbox"/> |

(Please use separate applications for each grant)

PART 1 – ADMINISTRATIVE INFORMATION

1.1 Name of Principal Investigator and Institution affiliation

- Surname: _____ First name(s): _____ Title: _____
- Full name of Institution: _____
- Full postal address of Principal Investigator: _____
- SLMA Membership number: _____
- Telephone: _____ Email: _____ Fax: _____

1.2 Title of Project: *(120 characters maximum)*

1.3a Proposed starting date:

1.3b Estimated duration:

1.4 Summary: *(Do not exceed 100 words)*

1.5 Acceptance by the Principal Investigator

Signature of the Principal Investigator: _____

Date: _____

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Declaration of institutional endorsement

I confirm that I have read this application and that, if support is granted, the work will be accommodated in the Department/Institution. I also confirm that the Principal Investigator, (name) is a full-time employee of this institution.

Responsible Administrative Authority

- Signature: • Date:
- Surname & initials: • Post:
- Full name of Institution:
- Full postal address:
- Telephone: • Fax:
- Email:

1.6 Institutional and national ethical clearance and approval *(Required if the proposal involves research on human subjects, including collection of human blood or other human tissue samples)*

- Is ethical clearance required? Yes No
- If “yes”, is institutional ethical clearance document attached? Yes No
- Name, address and e-mail of ERC:

1.7 Use of animals

- Are animals to be used in this project? Yes No
- If “yes”, list species and estimated number:

1.8. Supervisor (for SLMA Research Grant)

Declaration of supervisor

I confirm that I have read this application / guidelines and that, if support is granted, the work will be done under my supervision in the Department/Institution. I also confirm that the Principal Investigator, (name) is a full-time employee of this institution.

- Signature: Date:
- Surname & initials: Post:

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PART 2 - BUDGET

2.1 Budget Details

1. Personnel:
2. Supplies:
3. Equipment:
4. Animals:
5. Patient costs:
6. Travel:
7. Other expenditures:

TOTAL:

2.3 Budget justification: ¹ The budget should clearly reflect the planned activities and the costs required. Justify each and every budget line stating how the cost figures were derived in relation to the activities to be undertaken.

1. Personnel:
2. Supplies:

2.2 Other support for the proposed project

- Is this research currently supported by any other funding agency? Yes No
- If “yes”, give the name of the organization (s) and summarize and duration of support, with dates. Yes No
- Is this or a substantially similar proposal currently being considered Yes No
- If “yes”, by what organization (s)? By what date is a decision expected? Yes No

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PART 3 - PROJECT DESCRIPTION

3.1 Objectives and rationale

3.2 Methods

(including Study design, study setting, study population, sample size, sampling, data collection and analysis)

3.3 Ethical considerations for projects involving human subjects

3.4 Critical assessment and possible limitations of approach in relation to project objectives

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GUIDELINES

1. Applications are invited from SLMA life members. Prospective applicants who are non-members should obtain the SLMA life membership before submission of applications.
2. Preference will be given for proposals that could be completed with the maximum amount provided by the research grant.
3. All proposals should show evidence of ethics clearance (EC) or application for EC.
4. The Principal investigator (PI) should come to an agreement with the SLMA on followings:
 - The PI will complete the project and submit the final report within two years of signing the agreement. In the event of failing to do so, PI agrees to re pay the total amount of the research grant to SLMA within two months of passing the deadline.
 - The findings of the research should be submitted for annual SLMA sessions.
 - The PI should submit a progress report and financial statement every 6 months to the SLMA. Utilization of grant funds should commence within the first 6 months.
5. The SLMA will appoint a panel to review and select suitable proposals for funding. The awards funded by other organizations (eg. Fairmed Foundation Grant, Glaxo Wellcome Grant) will have an observer from the respective organization in the review panel. Review Panel's decision will be final.
6. The award/s will be officially awarded at the Annual Scientific Sessions of the SLMA.
7. The research will be monitored by the committee mentioned above. Funds will be allocated in suitable installments according to the duration and progress of the research.
8. SLMA and funding agency should be acknowledged when publishing.

Special notes:

SLMA Research Grant - More consideration will be given for young researchers at the beginning of their careers and for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. Each applicant should nominate a supervisor acceptable to SLMA for the project e.g.- Senior lecturer and above in a university, Specialist medical officer in the relevant field of study in hospital/ institution.

Fairmed Foundation SLMA Grant - Preference will be given to projects on neglected tropical diseases (e.g. Leprosy).

The selection criteria in addition to the technical soundness of the proposal:

- Relevance of the research project to Sri Lanka
- Relevance to control programmes operating in Sri Lanka
- Clarity in the identification of the problem
- Appropriateness of the methodology to be adopted
- Academic credentials of the applicant
- Ability to complete the project within a reasonable time period

Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care - Research project should be relevant to the advancement of Intensive and Critical Care in Sri Lanka.

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PART 4 - SUBMISSION

Please e mail the soft copy of the detailed proposal along with the scanned pdf version of the perfected application form to office@slma.lk. Please hand over five printed / photocopied copies of the perfected application to SLMA office. Of these five copies, three copies should not have name, affiliation or anything else which would reveal the identity of the research team. This is to ensure anonymous review of the proposal.

Office Use only

- | | |
|---|--------------------------|
| 5. Soft copy of the detail proposal is received via office@slma.lk. | <input type="checkbox"/> |
| 6. Soft copy of the detailed proposal without personal details | <input type="checkbox"/> |
| 7. Scanned pdf soft copy of the perfected application is received via office@slma.lk. | <input type="checkbox"/> |
| 8. Five printed copies of perfected application are handed over to SLMA office | <input type="checkbox"/> |

ANNEX A.

A BRIEF CURRICULUM VITAE OF THE PRINCIPAL INVESTIGATOR

(1/2 Pages)

- | | |
|--|-----------------|
| 1. Surname : | First name (s): |
| 2. Date of birth : | 3. Sex : |
| 4. Nationality: | |
| 5. Degree(s) (<i>subjects, university or school, year</i>) | |
| 6. Posts held (<i>type of post, institution/faculty/department, dates</i>) | |
| 7. Recent publications: | |